

NUCLEAR WASTE MANAGEMENT PROGRAM Sandia National Laboratories	<h1 style="margin: 0;">Corrective Action Verification</h1>	Form Number: NP 16-1-3 Page ____ of ____
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1. CAR No: _____ Date all actions completed: _____

2. Actions taken to verify completion: (Including all documentation to be verified)

Notes:

- Summarize actions taken for each deficiency.
- Attach or reference objective evidence examined.
- State if corrective action implementation was verified as complete for each deficiency.
- Identify pending actions to resolve stop work in total.

3. Stop Work CARs only: ☐ Stop Work Rescinded in Total ☐ Stop Work Rescinded in Part

Name: _____ Date: _____
 SNL QA Team Lead (print) Signature

Name: _____ Date: _____
 SNL WIPP Responsible Manager (print) Signature

4. QA Verification of (Check One)
☐ Some ☐ All Corrective Actions:

Print Signature Date

5. QATSC Distribution: Section 5 to be filled in at time of distribution by the QATSC.

Name: _____ Date: _____

Print Signature

☐ Manager
 ☐ Responsible Individual(s)
 ☐ QATSC
 ☐ Records Center